



## Confidential Cover Page

### Quarterly Report (QR) Pursuant to KSA 65-4923(d)

(d) Each review and executive committee referred to in subsection (a) shall submit to the secretary of health and environment, on a form promulgated by such agency, at least once every three months, **a report summarizing the reports** received pursuant to subsections (a)(2) and (a)(3) of this section. **The report shall include the number of reportable incidents reported, whether an investigation was conducted and any action taken.**

Reporting Year \_\_\_\_\_ Reporting Quarter \_\_\_\_\_

☐ Check this box if this is an amendment to a previous QR report submitted. What Quarter? \_\_\_\_\_

☐ Check this box if you have an IIR occurred but not reported this QR because waiting on decision from Advisory Board as to the determination and you will be submitting KDHE and amended QR after determination.

Name of Facility \_\_\_\_\_ \*CCN# 17- \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Name and Title of Risk Manager \_\_\_\_\_

Email address \_\_\_\_\_

Phone Number \_\_\_\_\_ Date Sent to KDHE: \_\_\_\_\_

*\*CCN is CMS Certification Number: If your facility is not CMS Certified, please list State ID#*

With this submission, as the above listed Risk Manager I hereby attest that the report submitted to Kansas Department of Health and Environment is true, complete and accurate to the best of my knowledge without known errors or omissions.

Signature \_\_\_\_\_

**\*PRIVACY & CONFIDENTIALITY NOTICE:** This privileged communication as part of Risk Management is protected information and non-disclosable or discoverable. This including any attachments, may contain confidential and privileged information and is intended only for the individual or entity to which it is addressed as part of the Risk Management Program. Any review, dissemination, or copying of this communication by anyone other than the intended recipient is strictly prohibited



## KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT

### Risk Management Program

Confidential Quarterly Report Pursuant to KSA 65-4923(d)

Please type or use a black pen when completing this form.

Reports are due within 30 days of each completed quarter.

Facility Name: \_\_\_\_\_ City: \_\_\_\_\_

\*CCN# 17-\_\_\_\_\_ *CCN is CMS Certification Number: If your facility is not CMS Certified, please list State ID#*

1. Facility Type: Hospital [ ] Psychiatric Hospital [ ] Ambulatory Surgical Center [ ] Other [ ]
2. Year: \_\_ Reporting Quarter: Jan.-March [ ] April-June [ ] July-Sept. [ ] Oct.-Dec. [ ]
3. Total number of final SOC determinations by the facility's risk management program this quarter:  
(All individual incident reports are reported to KDHE upon final determination with the details.)

a.	Total number of <u>final</u> SOC III (standard of care not met with injury occurring or reasonably probable) determinations.
b.	Total number of <u>final</u> SOC IV (possible grounds for disciplinary action by the appropriate licensing agency) determinations.

4. Specify the individual number of referrals submitted to each of the following **additional** licensing agencies:

#\_\_\_\_\_Board of Healing Arts    #\_\_\_\_\_Board of Nursing    #\_\_\_\_\_Board of Pharmacy  
#\_\_\_\_\_Other: \_\_\_\_\_ (List total names as applicable)

5. Indicate the category type of each individual incident/occurrence such as:

___ Fall	___ Documentation of Narcotics
___ Abuse, Neglect or Exploitation	___ Medication Error
___ Assessment/treatment	___ Improper Procedure
___ Professional licensure event	___ EMTALA-Related
___ Delay	___ IV line mix-up
___ Facility process or system-related	___ Drug Diversion
___ Scope of Practice	___ Unprofessional conduct
___ Impairment due to drug	___ IV infiltration;
___ Alcohol or cognition	___ Other: _____
___ Falsification	

*Please Explain*

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**Return this report to:**

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KDHE/BCHS/Health Facilities Program  
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Data Collection Purpose: The purpose of the data collection activity is solely for usage as business analytics for the KDHE Risk Management Program. This includes but is not limited to overall Risk Management Program business intelligence, enterprise information management, enterprise performance management, analytic applications, and governance, risk, and compliance.

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